



**Rhode Island Hospital**  
A Lifespan Partner

Rhode Island Hospital  
2 Dudley Street  
Cooperative Care Building (Coop) 1<sup>st</sup> Floor  
Providence, RI 02905 Phone: 401-444-5471 Fax: 401-444-4557  
[http://www.lifespan.org/rih/services/ambulatory/Referral Guidelines](http://www.lifespan.org/rih/services/ambulatory/Referral%20Guidelines)

**BURN CLINIC**

MR#

Session Times: Monday Mornings

Please note this clinic does not accept patients under the age of eighteen. All pediatric patients should be referred to Pediatric Surgery in the MOC Room 180 Phone # 421-1939

Patient's Name: _____	Date of Referral: _____
Address: _____	Requesting Physician: _____
DOB: _____ Sex: _____	Address: _____
SS#: _____	_____
Interpreter Required: Y N Language: _____	_____
Phone: _____	Phone: _____
Insurance: _____	Fax: _____

**PLEASE REVIEW THE FOLLOWING GUIDELINES AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL. Patients must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!**

Guidelines	*Diagnostic Imaging	Other
All REFERRALS:	Include pt's last PE, progress note for visit that generated referral, current med list, & pertinent labs.	
Partial thickness > 10% total body surface burns of the face, hands feet, genitalia, perineum, or major joints. Third degree burns, electrical burns including lightning injury, chemical burns, inhalation burns, burn injury with preexisting medical disorder that can complicate management, burns with concomitant trauma, burn injury <b>In patients who require special social, emotional, or long term rehabilitative intervention</b>		REFER DIRECTLY TO RIH ER OUTSIDE ER CALL 444-4000 PAGE BURN MD ON CALL
Partial thickness burns < 10% total	None	Sterile dressings with Silvadene refer to clinic within 1-2 weeks

Reason for Referral:

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Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_